



Sandy City Commercial Business License Application
10000 S. Centennial Parkway, Sandy, UT 84070
Phone (801) 568-7252

HOW TO APPLY FOR A SANDY CITY BUSINESS LICENSE
(please retain for your records)

Sandy is a great place to locate a business! This office wishes to offer assistance with the application process and has designed this set of procedures to help you understand some of the requirements for opening a business in Sandy City.

1. Businesses that wish to use a business name but are not incorporated or are not a limited liability company, must register the DBA with the State Division of Corporations, Assumed Name Section, located at the Heber Wells Building 160 East 300 South, SLC. The fee is \$22 and is renewable every 3 years. You must file either a copy of your approved DBA, a state acknowledged copy of the Articles of Organization for LLC's or Articles of Incorporation for corporations, at time of application.
2. Business involved with the sale of a tangible product must provide evidence of a State Sales Tax number. If you plan on securing the sales tax number at the same time as you register the DBA, you can obtain both of these at the same time at the Heber Wells Building listed above. You may also obtain the sales tax number from the State Tax Commission at 210 N 1950 W, SLC. If you anticipate commencing business in less than 6 weeks, you will need to apply for the number in person. There are no fees associated with obtaining a sales tax number.
3. Microfilming requires applications to be typed or completed in black ink. Incomplete or illegible applications will be returned. All applications must contain an original 'wet' signature of one of the applicants.
4. Allow 30 days for processing. 30 Day Temporary Permits may be available for unforeseen delays.
5. Fees must accompany the application. Please contact this office for correct computation of pro-rated amounts. Fees are adopted by City Council and are represented in a Fee Schedule. Regulatory and disproportionate fees are pro-rated by the calendar quarter. Note: A double license fee penalty may be incurred for business conducted without a license.
6. A license is granted when approvals have been received from several separate departments, including Sandy Fire, Sandy Building and Safety, Police, Zoning Departments and Salt Lake City-County Health Department.

Please contact the inspectors after the application is filed and the business is ready for inspections.

| | | | |
|--|-----------------------------------|-----------|-------|
| FIRE DEPARTMENT 150 E. 9000 S., SANDY | PH: 568-2943 | REQ Y / N | APPT: |
| BUILDING & SAFETY SANDY CITY HALL | PH: 568-7251 | REQ Y / N | APPT: |
| COUNTY HEALTH DEPT. 788 E WOODOAK LN MURRAY, UT 84107-6379 | FOOD: 313-6620 SALON: 313-6641 | REQ Y / N | APPT: |

7. There are additional application requirements for alcohol sales, sexually oriented businesses, pawn broker, auctioneer, private investigator, and arcades. Temporary or soliciting type businesses are licensed on a separate application with specific requirements. Please contact the License Department for further information.
8. License renewals are due January 1 each year. The License will indicate an expiration date. Renewal notices are sent as a reminder, but you are ultimately responsible for ensuring timely renewal payments. A 25% delinquent late fee is assessed on accounts that are over 30 days delinquent. After 45 days, an additional 50% delinquent penalty is assessed. Any delinquency after 60 days is forwarded to the Legal Department. Collection fees may be incurred by the delinquent license holder.



SANDY CITY

COMMERCIAL LICENSE APPLICATION

Rec'd

Account #

****PLEASE PRINT OR TYPE IN BLACK INK****

| | | | |
|---|---------------|-----------------------------------|----------------------|
| BUSINESS NAME (DBA): | | LOCAL BUS PHONE #: | |
| BUSINESS ADDRESS: | CITY & STATE: | ZIP: | |
| BILLING ADDRESS | CITY & STATE: | ZIP: | FAX: |
| NEW___: RELOCATION___: MULTIPLE:___ | | STATE TAX#: (ATTACH VERIFICATION) | DBA, CORP, LLC, ETC. |
| STATE/FED PERMIT: | | | |
| DESCRIBE THE NATURE OF BUSINESS: | | | |
| DO YOU USE, STORE OR MFG ANY CHEMICAL, COMBUSTIBLE OR HAZARDOUS MATERIALS? YES / NO If 'Y', PLEASE EXPLAIN ON REVERSE | | | |
| Y/N: SEXUALLY ORIENTED BUSINESS___; ARCADE___; SELL/CONSMPTN OF ALCOHOL___; PAWN/2ND HAND___ | | | |
| OPENING DATE___, BUSINESS HOURS FROM ___ TO___, M T W Th F S Su | | | |
| ALL OFFICERS & OWNERS (FIRST/MIDDLE/LAST) | | HOME ADDRESS (INCL CITY, ST, ZIP) | |
| HOME PHONE | | | |
| 1. | | () -- | |
| 2. | | () -- | |
| 3. | | () -- | |
| DATE OF BIRTH (MM/DD/YYYY) | | DRIVER LICENSE NUMBER | |
| 1. / / | | # State | |
| 2. / / | | # State | |
| 3. / / | | # State | |
| BUSINESS TYPE/ENTITY: INDIVIDUAL___ PARTNERSHIP___ CORPORATION___ LLC___ OTHER___ | | | |
| REGULATORY FEE | \$ | PRORATE___% | \$ |
| DISPROPORTIONATE | \$ | PRORATE___% | \$ |
| # OF APT ___@ \$17 | \$ | PRORATE___% | \$ |
| SPECIAL REG | \$ | INSP/PROCESS | \$30 |
| # OF EMP ___@ \$11 | \$ | PRORATE___% | \$ |
| PENALTY | \$ | TOTAL DUE: \$ | |

This application is subject to approval by the Mayor, City Administrator and/or City Council and the Police Department. All businesses must pass inspections of Sandy Fire, Planning & Zoning, Building and Safety and/or City-County Health Department and some businesses may require a police background check to be completed before a license is issued. If a license is not obtained prior to opening your business, you may be subject to a DOUBLE LICENSE FEE PENALTY.

I do hereby agree to the conditions of this application. I also agree to conduct my business in accordance with Sandy City Ordinances and any other State Statutes or Federal Laws governing operation of such business.

Signature of Applicant _____ Date _____
(Any applicant as indicated above)

Print Name _____ Title _____

| | | | | | | | | | | | | | | | | | | | | |
|-----|--|--|------|--|--|--------|--|--|-----------------|--|--|-----------|--|--|------|--|--|-------|--|--|
| Eng | | | Fire | | | Police | | | Dept. of Health | | | Plan/Zone | | | Bldg | | | Other | | |
|-----|--|--|------|--|--|--------|--|--|-----------------|--|--|-----------|--|--|------|--|--|-------|--|--|

AFFIDAVIT FOR EXEMPTION

STATE OF UTAH }
 }ss SANDY CITY
COUNTY OF SALT LAKE }

I, _____, being first duly sworn on oath,
(applicant's name)

depose and states that I am the _____ of the business known as
(position on the organization)

_____ located at _____,
(business name) (local address)

a business duly licensed by Sandy City and that during the year _____, the gross sales or receipts for services or sales for such business are anticipated to be less than \$50,000 annually.

All future reports and remittances subject to audit and approval to retain the full license fee exemption.

Signed _____

Subscribed and sworn to before me this _____ day of _____, 200_____.

Notary_____

Residing at _____

Commission expires

* This form must accompany any business license wishing to claim discounted license fees.